POSITION	INITIALS	ID NO.	DATE
			06/15/01
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	Dr	32	6/25
FORMALITY REVIEW	Zm	927	08/13/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔ .... Rejected	N .... Non-elected
= .... Allowed	I .... Interference
– (Through numeral)... Canceled	A .... Appeal
÷ .... Restricted	O .... Objected

Claim		Date								
Final	Original									
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Claim	Date
Final / Original	
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If more than 150 claims or 10 actions
staple additional sheet here

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